

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST/ DIV. CODE	2. PERSON REPRESENTED Clifford W. Wares		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER Cr. 15-570-01 (ES)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) U.S.A. v. Wares	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions)		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:2251(a) & 2; 18:2422(b) & 2; 18:875 & 18:2434(b) & 2					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Thomas Ambrosio, Esq. 750 Valley Brook Avenue Lyndhurst, N.J. 07071 Telephone Number: (201) 935-3005			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Peter Carter Appointment Dates: 10/22/2015 <i>Thomas Ambrosio</i> Signature of Presiding Judge or By Order of the Court 3/15/16		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Peter Carter Appointment Dates: 10/22/2015 <i>Thomas Ambrosio</i> Signature of Presiding Judge or By Order of the Court 3/15/16		
15. CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
In Court	a. Arraignment and/or Plea		0.00		0.00
	b. Bail and Detention Hearings		0.00		0.00
	c. Motion Hearings		0.00		0.00
	d. Trial		0.00		0.00
	e. Sentencing Hearings		0.00		0.00
	f. Revocation Hearings		0.00		0.00
	g. Appeals Court		0.00		0.00
	h. Other (Specify on additional sheets)		0.00		0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
Out of Court	a. Interviews and Conferences		0.00		0.00
	b. Obtaining and reviewing records		0.00		0.00
	c. Legal research and brief writing		0.00		0.00
	d. Travel time		0.00		0.00
	e. Investigative and other work (Specify on additional sheets)		0.00		0.00
	(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):			0.00		0.00
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____			23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR./CERT. \$0.00		
Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, give details on additional sheets.		
I swear or affirm the truth or correctness of the above statements.			Signature of Attorney _____ Date _____		
APPROVED FOR PAYMENT — COURT USE ONLY					
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED \$0.00	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	